

SSJD - Supplemental Service Justification

This screen is used to display, add or modify the reasons why a particular service is being requested for a client. The “objective” is used to identify the reason why the service is needed and how the service will help the client achieve the goals that have been identified. The “evaluation criteria” is used to identify how the client’s progress will be measured. Any funding options marked with a “Y” must have an explanation entered as to why that funding is not being used.

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CAFSSSJD      SUPPLEMENTAL SERVICE JUSTIFICATION      06/30/2016      9:17
USER ID : C81285      MODIFY      PAGE NO: 001
CAPS ID : 00001654      00      NAME: DOE, ANNETTE

SERVICE: STRNX TRANSPORTATION      TOTAL:
PROV NO: 0001054 001      NAME: FINKLE FOSTER HOME

OBJECTIVE: TO TRANSPORT TO SCHOOL AND COUNSELING SESSIONS

EVALUATION CRITERIA: FACILITATE FAMILY REUNIFICATIONS

FUNDING OPTIONS      AVAIL      IF YES, EXPLAIN
TRUST ACCT      N
MEDICAID      N
THIRD PARTY INS      N
SSI/SSB      N
IV-A      N
OTHER      N

PATH:
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Field Descriptions (F12) indicates code lookup is available.

CAPS ID (F12)

This field will display the CAPS ID of the client who was entered on the SERL (Services List) screen.

NAME

This field will display the name of the person whose ID is entered in the CAPS ID field.

SERVICE (F12)

This field will display the service code and description for the service that was entered on the SERP (Services Detail: Payable) screen.

TOTAL

This field will display the total amount for the service that was entered on the SERP (Services Detail: Payable) screen.

PROV NO

This field will display the provider number for the service rendering provider that was entered on the SERP (Services Detail: Payable) screen.

NAME

This field will display the provider name for the service rendering provider that was entered on the SERP (Services Detail: Payable) screen.

OBJECTIVE

Enter the objective for this supplemental service. Describe how the requested service is going to help the client achieve the permanency goal(s) that have been identified.

EVALUATION CRITERIA

Enter information regarding what will be used to evaluate the effectiveness of the requested service. Enter how continued use the requested service be justified. If possible, provide any cost savings information.

FUNDING OPTIONS

This area will default the funding options of Trust Account, Medicaid, Third Party Insurance, SSI/SSB, IV-A, and Other.

AVAIL

These fields will default "Y" if that funding option is available or "N" if that funding option is not available. Third Party Insurance and Other must be manually entered with a "Y" or "N".

IF YES, EXPLAIN

If any funding options are marked with "Y", enter why this funding is not being utilized. For example, Medicaid shows "Y", comment may be "not a Medicaid covered service."

Additional Information

The service cannot be approved if the SSJD (Supplemental Service Justification) screen is not completed.